



DIVISION OF WORKERS COMPENSATION
KS DEPARTMENT OF HUMAN RESOURCES
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

Phone: 785-296-3441 – Fax: 785-296-0839
Web Site: <http://www.hr.state.ks.us/wc/html/wc.htm>
E-Mail: workerscomp@hr.state.ks.us

**CANCELLATION OF ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION
COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT
OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM
OR SUSPENSION OF SENTENCE OR AS A CONDITION OF PROBATION OR IN LIEU OF A FINE.**

NOTICE: To be processed **all** entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

hereby cancels its previous election to provide workers compensation coverage for workers performing public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine within the provisions of the Kansas Workers Compensation Act.

Signature of Authorized Representative

Title of Signing Individual